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Division of Corporations  
**109000052862**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DEBICELL USA, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**M. THOMAS**

JUN - 2 2009

**EXAMINER**

*H090001321983.*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

**DEBICELL USA, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**DEBICELL USA, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

**HECTOR O. TONANTE**

**323 NAVARRE AVE APT # 106**

Florida street address ( P.O.BOX NOT acceptable)

**CORAL GABLES, FL. 33134**

City, State, and Zip

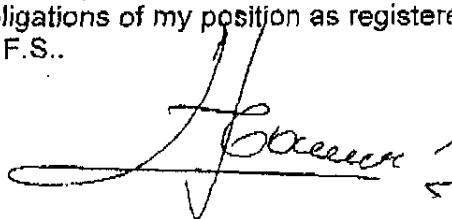
CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

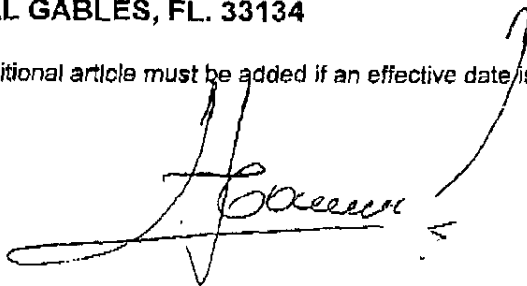
LUIS J. SPIRITO  
323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134

MANAGER

HECTOR O. TONANTE  
323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**HECTOR O. TONANTE**  
Typed or printed name of signee

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